

"(d) The Secretary may not in any fiscal year close more than 50 percent of the beds within a bed section (of 20 or more beds) of a Department medical center unless the Secretary first submits to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report providing a justification for the closure. No action to carry out such closure may be taken after the submission of such report until the end of the 21-day period beginning on the date of the submission of the report.

"(e) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives, not later than January 20 of each year, a report documenting by network for the preceding fiscal year the following:

"(1) The number of medical service and surgical service beds, respectively, that were closed during that fiscal year and, for each such closure, a description of the changes in delivery of services that allowed such closure to occur.

"(2) The number of nursing home beds that were the subject of a mission change during that fiscal year and the nature of each such mission change.

"(f) For purposes of this section:

"(1) The term 'closure', with respect to beds in a medical center, means ceasing to provide staffing for, and to operate, those beds. Such term includes converting the provision of such bed care from care in a Department facility to care under contract arrangements.

"(2) The term 'bed section', with respect to a medical center, means psychiatric beds (including beds for treatment of substance abuse and post-traumatic stress disorder), intermediate, neurology, and rehabilitation medicine beds, extended care (other than nursing home) beds, and domiciliary beds.

"(3) The term 'justification', with respect to closure of beds, means a written report that includes the following:

"(A) An explanation of the reasons for the determination that the closure is appropriate and advisable.

"(B) A description of the changes in the functions to be carried out and the means by which such care and services would continue to be provided to eligible veterans.

"(C) A description of the anticipated effects of the closure on veterans and on their access to care."

SEC. 302. PATIENT SERVICES AT DEPARTMENT FACILITIES.

(a) SCOPE OF SERVICES.—Section 7803 is amended—

(1) in subsection (a)—

(A) by striking "(a)" before "The can- teens"; and

(B) by striking "in this subsection;" and all that follows through "the premises" and inserting "in this section"; and

(2) by striking subsection (b).

(b) TECHNICAL AMENDMENTS.—(1) Paragraphs (1) and (11) of section 7802 are each amended by striking "hospitals and homes" and inserting "medical facilities".

(2) Section 7803, as amended by subsection (a), is amended—

(A) by striking "hospitals and homes" each place it appears and inserting "medical facilities"; and

(B) by striking "hospital or home" and inserting "medical facility".

SEC. 303. REPORT ON ASSISTED LIVING SERVICES.

Not later than April 1, 2000, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives a report on the feasibility of establishing a pilot program to assist veterans in receiving needed assisted living services. The Secretary shall include in such report recommendations on—

(1) the services and staffing that should be provided to a veteran receiving assisted living services under such a pilot program;

(2) the appropriate design of such a pilot program; and

(3) the issues that such a pilot program should be designed to address.

SEC. 304. CHIROPRACTIC TREATMENT.

(a) ESTABLISHMENT OF PROGRAM.—Within 120 days after the date of the enactment of this Act, the Under Secretary for Health of the Department of Veterans Affairs, after consultation with chiropractors, shall establish a policy for the Veterans Health Administration regarding the role of chiropractic treatment in the care of veterans under chapter 17 of title 38, United States Code.

(b) DEFINITIONS.—For purposes of this section:

(1) The term "chiropractic treatment" means the manual manipulation of the spine performed by a chiropractor for the treatment of such musculo-skeletal conditions as the Secretary considers appropriate.

(2) The term "chiropractor" means an individual who—

(A) is licensed to practice chiropractic in the State in which the individual performs chiropractic services; and

(B) holds the degree of doctor of chiropractic from a chiropractic college accredited by the Council on Chiropractic Education.

SEC. 305. DESIGNATION OF HOSPITAL BED REPLACEMENT BUILDING AT IOANNIS A. LOUGARIS DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, RENO, NEVADA.

The hospital bed replacement building under construction at the Ioannis A. Lougaris Department of Veterans Affairs Medical Center in Reno, Nevada, is hereby designated as the "Jack Streeter Building". Any reference to that building in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Jack Streeter Building.

TITLE IV—CONSTRUCTION AND FACILITIES MATTERS

SEC. 401. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Renovation to provide a domiciliary at Orlando, Florida, in a total amount not to exceed \$2,400,000, to be derived only from funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2000 that remain available for obligation.

(2) Surgical addition at the Kansas City, Missouri, Department of Veterans Affairs medical center, in an amount not to exceed \$13,000,000.

SEC. 402. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may enter into leases for medical facilities as follows:

(1) Lease of an outpatient clinic, Lubbock, Texas, in an amount not to exceed \$1,112,000.

(2) Lease of a research building, San Diego, California, in an amount not to exceed \$1,066,500.

SEC. 403. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2000 and for fiscal year 2001—

(1) for the Construction, Major Projects, account \$13,000,000 for the project authorized in section 401(2); and

(2) for the Medical Care account, \$2,178,500 for the leases authorized in section 402.

(b) LIMITATION.—The project authorized in section 401(2) may only be carried out using—

(1) funds appropriated for fiscal year 2000 or fiscal year 2001 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2000 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2000 for a category of activity not specific to a project.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. STUMP) and the gentleman from Texas (Mr. REYES) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona (Mr. STUMP).

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2116.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. STUMP. Mr. Speaker, I yield such time as I may consume.

(Mr. STUMP asked and was given permission to revise and extend his remarks.)

Mr. STUMP. Mr. Speaker, H.R. 2116, the Veterans' Millennium Health Care Act, is an important bill that is strongly supported by veterans and their service organizations.

This bill would improve access to long-term health care for our most severely disabled veterans. It would authorize the VA to pay reasonable emergency care costs for service-connected disabled veterans who have no health insurance or other medical coverage. It would impose new requirements that the VA must follow to further consolidate or realign facilities. It also increases the health care priority provided for combat-injured veterans and for military retirees choosing to use the VA health services. It would expand VA's flexibility to generate new revenue and spend it on health care for veterans.

H.R. 2116 also extends the VA's authority to make existing grants to homeless veterans.

I urge my colleagues to support the legislation on H.R. 2116, as amended.

Mr. Speaker, I reserve the balance of my time.

Mr. REYES. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentleman from Illinois (Mr. EVANS), the ranking Democratic member of the Committee on Veterans' Affairs, has been unavoidably detained, so I will be managing the bill on his behalf this afternoon.

Mr. Speaker, I rise today in support of the Veterans Millennium Health Care Act, H.R. 2116. I thank the gentleman from Arizona (Chairman STUMP); the gentleman from Illinois (Mr. EVANS); the ranking member, the